



Rhode Island Division of Fish and Wildlife
**CROSSBOWS and/or ADAPTIVE AIDS for
WHITE-TAILED DEER HUNTING IN RHODE ISLAND**

USER APPLICATION

Application Procedures

1. Fill out this application completely.
2. Provide a **copy** of your hunter safety **and** bowhunter education card as required by RIGL 20-15-2(b).
3. Have your physician stamp this application in the space provided and additionally provide on physician's letterhead, your physical condition that meets the requirements below for this permit. (This may be done by mail if agreed to by your physician).
4. Mail the completed application, with copies of your hunter safety cards and the physician's letter to DEM Licensing 235 Promenade St., Providence, RI 02908.
5. Upon acceptance of your application, you will receive an adaptive aid/crossbow permit card valid through the last day of February of that current hunting season. You must carry this card on your person while hunting with a crossbow and/or adaptive aid.
6. A permit usage record card will additionally be mailed to you. Fill out completely and return it by the last day of February of that current hunting season in order to be eligible to reapply next season.

Name of Applicant		Date		
Street and Mailing Address		Daytime Phone		
City/Town	State	Zip		
Date of Birth	Height	Weight	Hair	Eyes

RIGL 20-15-2(b) - Crossbow permits may be issued by the department to those persons who have a permanent physical impairment due to injury or disease, congenital or acquired, which renders them so severely disabled as to be unable to use a conventional bow and arrow device. Said permits will be issued by the department only after the receipt of a physician's statement confirming the applicant is impaired as referred to above. All permittees must have taken and successfully completed both hunter education and bow hunter education classes prior to the issuance of a permit.

I attest that I have a permanent physical disability and as a result of that disability cannot operate a conventional bow or a compound bow as in accordance with R.I.G.L. 20-15-2(b).

Applicant's Signature	Date
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Physician's Section

Physicians please note:

The applicant's disability must be a **permanent** physical disability as described below in Rhode Island General Law 20-15-2(b):

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I attest that my patient has a permanent physical disability and as a result of that disability cannot operate a conventional bow or a compound bow as in accordance with RIGL 20-15-2(b) (above).

1. Please stamp or type your name here:

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THEN

2. Attach a letter on your official letterhead stationary confirming the conformance of your patient's permanent disability as described above in RIGL 20-15-2(b).